

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND AREA CODE/PHONE NUMBER (415)389-6800 I.D. NUMBER (if applicable) 1401516 STREET ADDRESS CITY SAN RAFAEL STATE CA ZIP CODE 94901			Date of This Filing 08/22/2018 Report No. LCR # 563 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 3	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/21/2018	KEITH MANSON Danville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMERCIAL REAL ESTATE BROKER CBRE	\$2,500.00
08/21/2018	BRIAN MCAULIFFE Northbrook, IL 60062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER CBRE	\$10,000.00
08/22/2018	SANDRA BAUER San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER SELF-EMPLOYED; SANDRA BAUER	\$1,000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

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Late Contribution(s) Received

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08/22/2018	ANDY DAVIDSON San Ramon, CA 94582	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE ANTON DEVELOPMENT	\$2,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: